



<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	02975.000089	
		First Named Inventor or Application Identifier		
		JUN KOIDE		
		Express Mail Label No.		

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b>	
See MPEP chapter 600 concerning utility patent application contents.		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification      Total Pages <span style="border: 1px solid black; padding: 0 10px;">86</span></p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)      Total Sheets <span style="border: 1px solid black; padding: 0 10px;">20</span></p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration      Total Pages <span style="border: 1px solid black; padding: 0 10px;">1</span></p> <p style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="margin-left: 20px;">b. Specification Sequence Listing on:</p> <p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p>
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<b>ACCOMPANYING APPLICATION PARTS</b>	
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement      <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449      <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other: _____</p>	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-part (CIP)	of prior application No. ____/____
Prior application information:		Examiner _____	Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<b>18. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 <small>(Insert Customer No. or Attach bar code label here)</small>	or	<input type="checkbox"/> Correspondence address below	
NAME _____				
Address _____				
City	State		Zip Code	
Country	Telephone		Fax	



07/08/03

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	24-20 =	4	X \$ 18.00 =	\$ 72.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 84.00 =	\$ 0
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$
				BASIC FEE (37 CFR 1.16(a))	\$750.00
Total of above Calculations =					\$822.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).					
TOTAL =					\$822.00

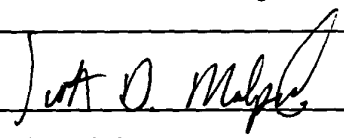
## 19. Small entity status

- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 822.00 to cover the filing fee is enclosed.21. ☒ A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	SCOTT D. MALPEDE/Registration No. 32,533
SIGNATURE	
DATE	July 8, 2003

Form #125

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